Report to Yukoners on

comparable health
and health system indicators

2004

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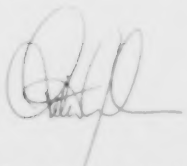
A message from the Minister of Health and Social Services

I am pleased to present the second Yukon Comparable Health Indicators Report. (The first Yukon Comparable Health Indicators Report was released in September 2002.)

The First Ministers agreed to provide comparable reporting to their respective residents on their health system and the health status of their residents. To meet this commitment, each jurisdiction provides a bi-annual report of jointly established comparable health indicators.

Yukon's report closely follows the guidelines that were established for all jurisdictions. The Auditor General of Canada, as an independent third party, has reviewed and verified Yukon's report.

Reporting on meaningful health indicators helps governments make better decisions about how to spend healthcare dollars and improve services to the public. It also helps the general public to understand more about the health of our population and the health services we receive.



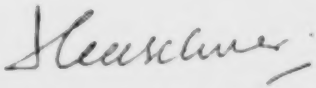
Peter Jenkins, Minister
Health and Social Services

A message from the Deputy Minister of Health and Social Services

Good information helps to support good decision-making. Yukon Health and Social Services recognizes the importance of knowing about the health status of Yukon's population and examining the performance of our health system, the quality of service, and health outcomes. Such information helps us to ensure that our health programs and services are responsive and meet the changing needs of our population.

Of the full suite of 70 indicators jointly selected for the 2004 report, only 18 are to be featured within the published reports and become the basis of the health system story for each jurisdiction. Of the 18 featured indicators, Yukon only has the ability to report on 11. Like other small jurisdictions, we are unable to report on some indicators due to data availability and reliability. The full set of indicators available for each jurisdiction is found at www.cihi.ca/comparable-indicators.

We hope you will find this report interesting and useful.



John Greschner, Deputy Minister
Health and Social Services

Health indicators

Indicators are measurements or flags that help us monitor, evaluate and improve programs and services. The health indicators chosen for this report provide information about the health of Yukoners, the state of our health system, what is working well and what requires further attention.

Most of the data come from the Canadian Community Health Survey conducted in 2003 by Statistics Canada. Approximately 750 Yukoners were interviewed.[1] The responses they gave can help us answer questions such as:

- Are the health and behaviours of Yukoners different from those of other Canadians?
- Is our experience of the health care system different from that of other Canadians?
- Have there been changes in health status, behaviour, or satisfaction with health services over time?

Taken together, the indicators in this report contribute to a high-level assessment of the performance of our health system.[2-5]

Experiences with primary health care

Patient satisfaction reflects patients' direct perceived experience with the health care system at a particular point in time. The following four indicators assess patient satisfaction with the way the service was provided (and not with the service itself), as reported by people aged 15 years and older. A number of measures of Yukoners' satisfaction with the way health services were provided indicate a high degree of satisfaction with the health care system.

Patient satisfaction with overall health care services

- Most Yukoners, like most Canadians, are satisfied with the way health services they received were provided. In 2003, 85.3% of Yukoners and 84.9% of Canadians were very or somewhat satisfied.

Patient satisfaction with community-based care

- 85.9% of Yukoners and 83.0% of Canadians were very or somewhat satisfied with the way community-based care (e.g., home care, personal care, home-based therapy, community clinics) was provided.

Patient satisfaction with hospital care

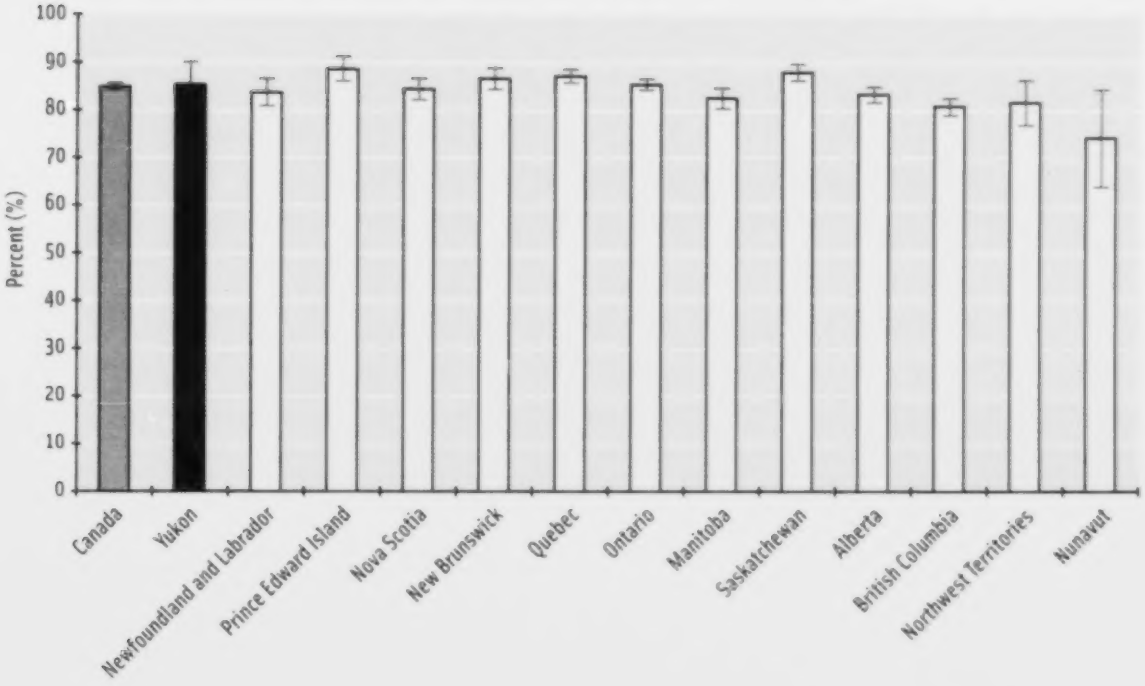
- More Yukoners (90.4%) than Canadians (81.1%)[6] report being either very or somewhat satisfied with the way hospital services were provided during their most recent visit. Men[5], but not women, in the Yukon rated the way hospital-based services were provided more favourably than did their Canadian counterparts.

Patient satisfaction with physician care

- Like other Canadians (91.4%), a great majority of Yukoners (88.3%) were very or somewhat satisfied with the way care was provided by their physician during their last visit.

Age-standardized per cent of the population aged 15 and older who are either very or somewhat satisfied with the way any health services were provided, both sexes, 2003, Canada, provinces and territories

(Source: Canadian Community Health Survey, 2003)



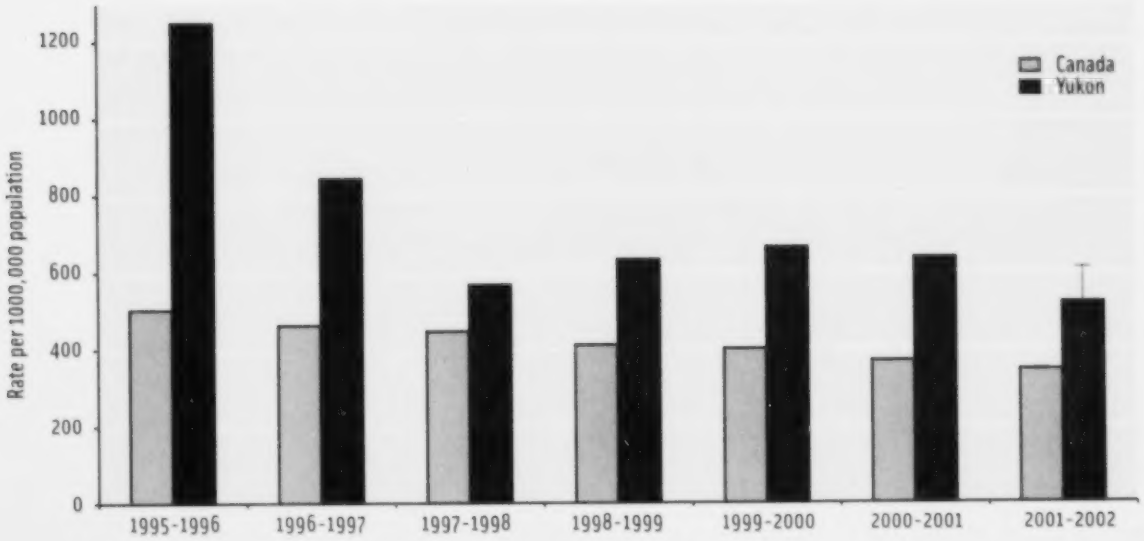
Hospitalization rates for ambulatory care sensitive conditions

One measure of access to appropriate community health services is the extent to which individuals are hospitalized for conditions which can be managed well with effective and timely treatment in the community. Examples of these conditions are diabetes, asthma, alcohol and drug abuse and depression. Preventive care, primary care and community-based management of these conditions may reduce the need for hospitalization.

- Since 1995, the rate of hospitalization for ambulatory care sensitive conditions has been greater in Yukon than in Canada.
- In 2001-2002, hospitalization rates were greater in Yukon (520 admissions per 100,000 population) than in Canada (346 admissions per 100,000 population).[7]
- Factors such as our small, dispersed population size and the resulting structure of our health services may mean that this indicator is not as relevant to the Yukon as other measures of access to appropriate care. Further analysis is warranted before reaching any conclusions.
- Of note, there is a clear overall downward trend in the rate of hospitalization in Yukon over time.[8]

Age-standardized inpatient hospitalization rate for ambulatory care sensitive conditions, both sexes, 1995-2002, Canada and Yukon

(Source: Hospital morbidity database, CIHI. Census, Statistics Canada, 1995-2002)



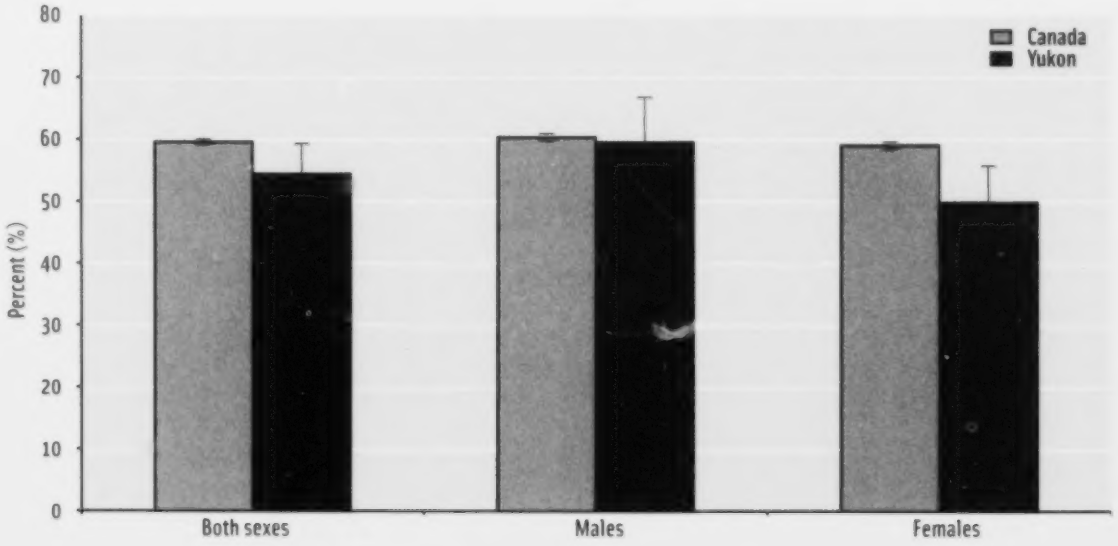
How does the health of Yukoners compare to the health of other Canadians? Some of the indicators address this question.

Self-reported health

One measure of health status is how individuals rate their own health on a scale from poor to excellent.

- In 2003, Yukoners were less likely to rate their health as 'very good' or 'excellent' than were Canadians (54.4% versus 59.6%).[9]
- Fewer Yukon women rate their health as "very good" or "excellent" than Canadian women.[9]
- Yukon men, however, did not differ from other Canadian men.

Age-standardized per cent of the population aged 12 years and older who report their health is very good or excellent, both sexes, males and females, 2003, Canada and Yukon
(Source: Canadian Community Health Survey, 2003)



Prevalence of diabetes

Diabetes is a condition that creates a great burden of illness on individuals, families and communities. Many health care dollars are spent in the treatment of diabetes. Knowing the per cent of Yukoners who are diagnosed with diabetes (known as prevalence) can assist in identifying the burden of the disease and can be used in public health monitoring and planning.

- Over three reporting periods, the prevalence of diabetes in Yukon appears lower than the Canada rate.

Age- and sex-standardized prevalence of diabetes for persons aged 20 years and older, 1997-1998, 1998-1999 and 1999-2000, Yukon and Canada

(Source: Health Canada (2003), Responding to the Challenge of Diabetes in Canada: First Report of the National Diabetes Surveillance System (NDSS) Ottawa, http://www.ndss.ca)

	1997-1998	1998-1999	1999-2000
Canada	4.1%	4.5%	4.8%
Yukon Territory	3.1%	3.5%	3.8%

Note to readers: Readers should be cautious when interpreting these data.[10]

Teenage smoking rates

Tobacco use is the leading cause of preventable illness and death in Canada. Because of the addictive nature of nicotine, smoking among youth aged 12 to 19 years is of particular concern. Many individuals who try smoking become habitual smokers.

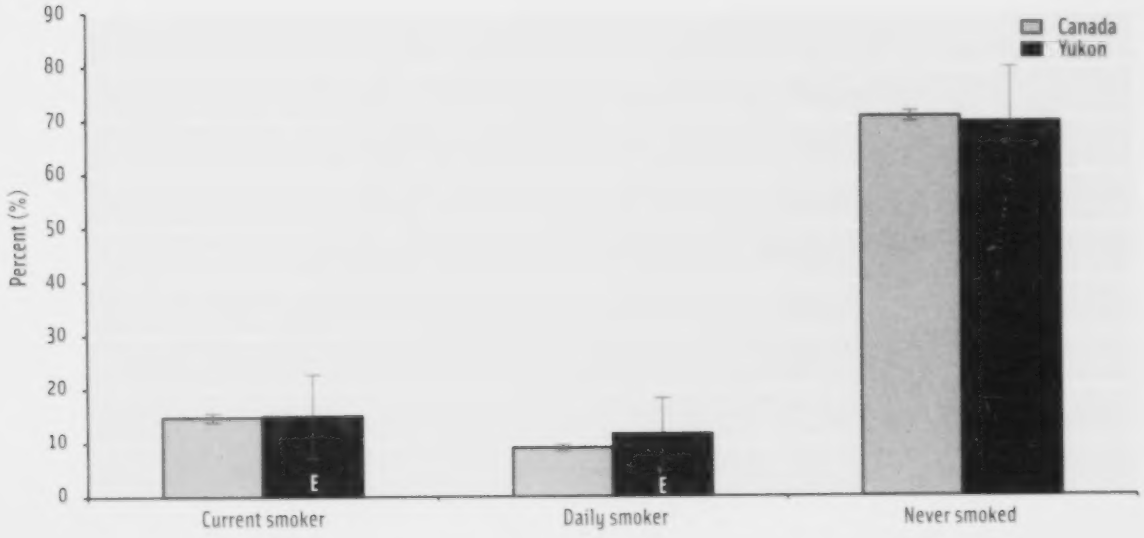
- In 2003, no differences were found in the smoking rates of Yukon youth compared to Canadian youth.
- 15% of Yukon adolescents report smoking on a current (i.e., daily and occasional) basis compared to 14.8% of Canadian adolescents.[11]
- 11.6% of Yukon adolescents smoke on a daily basis compared to 9.1% of Canadian adolescents.[11]

Another way to look at smoking behaviour among youth is to consider the per cent of youth who have never smoked. This is one measure of the extent to which non-smoking is becoming the norm. It may also help us predict the extent to which the burden of illness attributable to tobacco use will decline in future years.

- In 2003, the majority of youth in Yukon and in Canada reported that they had never smoked.
- 69.6% of Yukon youth and 70.6% of youth across Canada were non-smokers.

Per cent of the teenage population aged 12-19 reporting being a current smoker, daily smoker or having never smoked, both sexes, 2003, Canada and Yukon

(Source: Canadian Community Health Survey, 2003)



[E] use caution when interpreting these data due to reliability

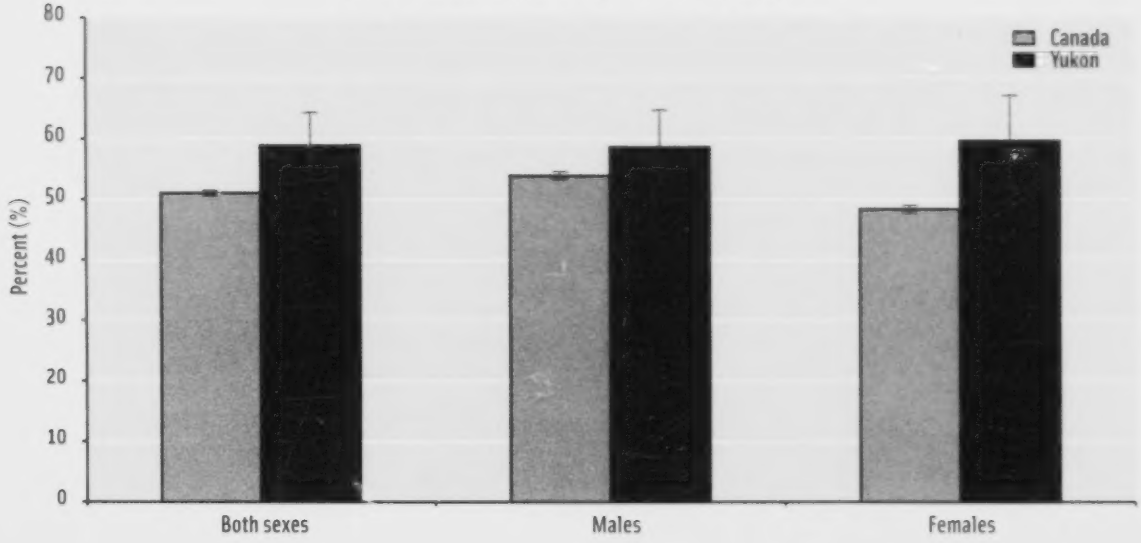
Physical activity

Physical activity is an important factor in protecting and promoting health, and preventing illness. Many studies have shown that regular physical activity gives major heart health benefits and protects against depression. We also know that inactivity is a major risk factor for heart disease.

- In 2003, Yukoners were more active than Canadians as a whole; 58.8% of Yukoners versus 51.0% of Canadians report being active or moderately active.[6]
- There are some gender differences. Yukon women were more active than Canadian women[6], but Yukon men were not different from Canadian men when it comes to physical activity.
- More Canadians (46.4%) than Yukoners (38.2%) were inactive.[6]

Age-standardized per cent of the population aged 12 and over reporting physical activity as active or moderately active, both sexes, males and females, 2003, Canada and Yukon

(Source: Canadian Community Health Survey, 2003)



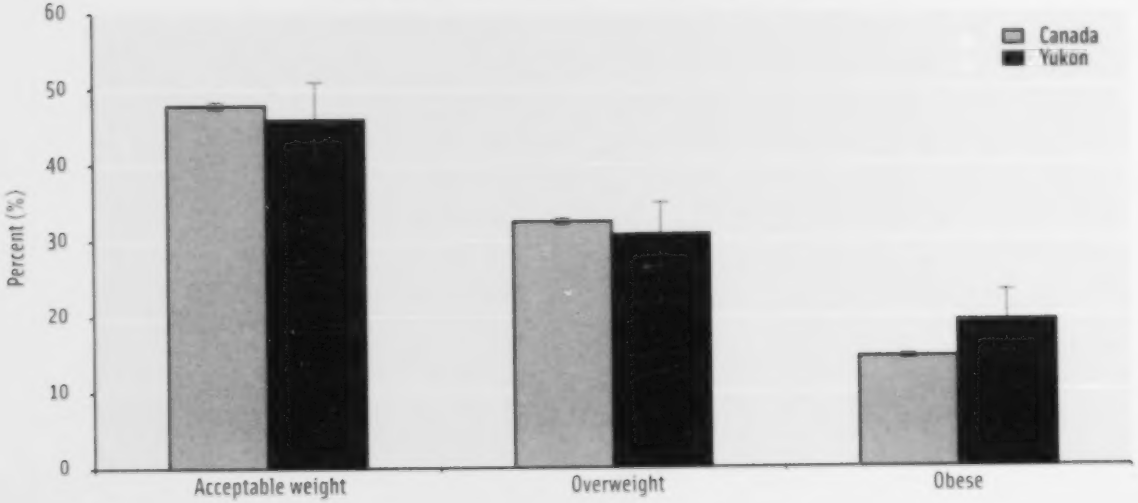
Body Mass Index

Obesity has been identified as a major risk factor contributing to a number of chronic illnesses, including diabetes and heart disease. This Body Mass Index (BMI) is a self-reported measure of weight that takes into account a person's height.[12] The BMI is used to classify individuals into four weight categories: underweight, acceptable weight, overweight and obese.

- In 2003, nearly half of Yukoners (45.9%) and half of Canadians (47.8%) were within the acceptable weight range; no gender differences exist.
- Roughly one-third of Yukoners (30.7%) and one-third of Canadians (32.4%) were overweight; no gender differences exist.
- More Yukoners (19.2%) than Canadians (14.5%) were classified as obese.[5]
- Yukon women[6], but not Yukon men, were more likely to be obese than their Canadian counterparts.
- Data on underweight Yukoners are too unreliable to be reported.

Age-standardized per cent of the population aged 18 and over reporting being an acceptable weight, overweight and obese, both sexes, 2003, Canada and Yukon

(Source: Canadian Community Health Survey, 2003)



Immunization for influenza for age 65 and over

Immunization for influenza is an important proactive measure to maintain the health of the elderly and other vulnerable populations. Individuals in institutions are excluded from this rate.

- Fewer Yukon seniors (48%) than Canadian seniors (62.1%) were immunized in 2003.[5]
- In 2000-2001, the immunization rates in the Yukon and Canada were similar (65.7% and 62.9%, respectively).

Given the benefit that the influenza immunization confers on individuals, every effort should be made to encourage Yukoners to "line up for their flu shots."

Appendix 1: Auditor report

Auditor General of Canada
Vérification générale du Canada

To the Yukon Minister of Health and Social Services

I have audited the 11 health indicators presented in the Government of Yukon report on comparable health indicators of November 2004, as prepared by the Yukon Department of Health and Social Services. The report is published pursuant to the 2003 First Ministers' Accord on Health Care Renewal, which builds on the 2000 First Ministers' Meeting Communiqué on Health. The Conference of Deputy Ministers of Health identified and defined 18 featured indicators required for reporting and an additional 52 optional non-featured indicators to be reported to Canadians. Reporting of the health indicators is the responsibility of the Government of Yukon which has reported 11 featured indicators.

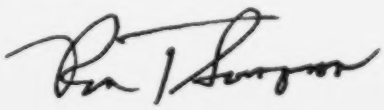
My responsibility is to express an opinion on the completeness, accuracy and adequacy of disclosure of the 11 health indicators presented in the 2004 Government of Yukon report on comparable health indicators, based on my audit. However, my responsibility does not extend to assessing the performance achieved by the Yukon health care system, nor the relevance or sufficiency of the health indicators selected for reporting. My work on the analysis and discussion of the health indicators presented in this report was limited to reading such information to ensure that it was not inconsistent with the result of the audited indicators. As well, my audit was limited to information related to the most recent year for which each indicator was reported.

I conducted my audit in accordance with the standards for assurance engagements established by the Canadian Institute of Chartered Accountants. Those standards require that I plan and perform an audit to obtain reasonable assurance whether the health indicators presented are free of significant misstatement. To this end, I audited these health indicators to determine whether they meet the criteria of completeness, accuracy and adequate disclosure, as presented in Annex A of my report. My audit includes examining, on a test basis, evidence supporting the health indicators and disclosures. My audit also includes assessing significant judgments made in the 2004 Government of Yukon report by management of the Department of Health and Social Services.

In my opinion the health indicators included in the comparable health indicators report present fairly, in all significant respects, the required information that is complete, accurate and adequately disclosed, using the criteria in Annex A. Further, in my opinion, the report adequately discloses and explains any departures from the criteria; specifically that seven of the 18 featured health indicators could not be presented because Yukon is not included in applicable surveys, certain health services are not available in the territory, the data are not available, or there are data quality issues.

The Government of Yukon report includes comparative health indicators relating to other governments (provincial, territorial and federal). I audited the health indicators for the federal report and the other two territorial reports. While health indicators for some provinces have been audited by their legislative auditors, for other provinces, legislative auditors have been engaged to perform specified auditing procedures. Annex B includes an explanation of the difference between these two types of engagements and details regarding the nature of the engagement performed in each of the jurisdictions. The auditors' findings and any reservations resulting from engagements in other Canadian jurisdictions are included in their respective governments' reports and are not reproduced in the Yukon report.

I am encouraged by the work undertaken by the Department of Health and Social Services in preparing this report.



Robert C. Thompson, CA
Assistant Auditor General
For the Auditor General of Canada

Ottawa, Canada
November 18, 2004

Audit criteria

Health Canada has acknowledged the suitability of the following criteria:

Complete

According to the 2003 First Ministers' Accord on Health Care Renewal, the Conference of Deputy Ministers approved 70 indicators, including a subset of 18 indicators that all jurisdictions are to feature in their 2004 reports. All health indicators reported comply with the definitions, technical specifications and standards of presentation as approved. All 18 featured health indicators are reported.

Accurate

The health indicators reported adequately reflect the facts, to an appropriate and consistent level of accuracy, including the ability to make comparisons between jurisdictions and between the 2002 and 2004 reports within each jurisdiction, where applicable.

Adequate disclosure

The health indicators are defined and their significance and limitations on the data are explained. The report states and properly describes departures from what was approved by the Conference of Deputy Ministers and explains plans for the future resolution of the departures.

Verification of Comparative Information from Other Jurisdictions

The governments of Canada, the Provinces and the territories have adopted different approaches to meet the *2003 First Ministers' Accord on Health care renewal* requirement for "third party verification" for their comparable health indicator reports. Some have engaged their legislative auditor to provide audit assurance on the information contained in their health reports and others have asked for specified auditing procedures to be applied. The paragraphs below outline the major differences between an audit assurance engagement and a specified auditing procedures engagement. For a complete comparison, please refer to the Canadian Institute of Chartered Accountant (CICA) Handbook section 5025 for audit assurance engagements and section 9100 for specified auditing procedures engagements. I believe, for the reasons described in the following paragraphs, that an audit under CICA Handbook section 5025 is the advisable approach.

In an audit assurance engagement, the auditor's responsibility is to offer assurance to users, in the form of an audit opinion, on the information contained in a report prepared by management. The auditor determines the nature, extent, timing, appropriateness and sufficiency of audit procedures, which, in the auditor's judgment, are necessary to provide a high level of assurance concerning the subject matter, or the information contained in the comparable health indicators report in the present context.

In a specified auditing procedure engagement, the auditor's responsibility is to report the results of applying auditing procedures specified by management. As the extent of specified auditing procedures may vary from engagement to engagement, such engagements are difficult to compare. And since the extent of the procedures performed is not sufficient to constitute an audit, the reports do not provide an audit opinion. Reports state those procedures actually applied and only the factual results of those procedures, leaving the reader to determine the fairness of the information.

The following is a list of jurisdictions that have engaged their legislative auditor to provide audit assurance on the information contained in their comparable health indicator reports and those that have asked for specified auditing procedures to be applied.

Audit opinion CICA 5025	**Specified Auditing Procedures CICA 9100**
British Columbia	Alberta
Saskatchewan	Ontario
Manitoba	New Brunswick
Quebec	Prince Edward Island
Nova Scotia	Newfoundland and Labrador
Yukon	
Northwest Territories	
Nunavut	
Canada	

Appendix 2: Health indicators: reported on common website

A common website allows the public to readily access data through a single site. All jurisdictions, as well as Statistics Canada, Canadian Institute of Health Information and Health Canada have participated in bringing the data together in a comparable and accessible format. Both the indicators featured in this report and the following indicators are available at the common website, www.cihi.ca/comparable-indicators.

Primary care

- Patient perceived quality of overall health care services
- Patient perceived quality of community-based care
- Proportion of female population aged 18-69 with at least one PAP test in the past three years
- Proportion of women aged 50-69 obtaining mammography in the past two years

Home care

- Home care clients per 100,000 population, all ages
- Home care clients per 100,000 population, aged 75 plus

Other programs and services

- Re-admission rate for pneumonia
- 30-day in-hospital acute myocardial infarction (AMI) mortality rate
- 30-day in-hospital stroke mortality rate
- Patient perceived quality of hospital care

Health human resources

- Patient perceived quality of doctor and other provider physician care

Health of Canadians

- Life expectancy of overall population
- Infant mortality
- Low birth weight
- Mortality rate for lung cancer
- Mortality rate for prostate cancer
- Mortality rate for breast cancer
- Mortality rate for colorectal cancer

- Mortality rate for acute myocardial infarction (AMI)
- Mortality rate for stroke
- Incidence rate for lung cancer
- Incidence rate for prostate cancer
- Incidence rate for breast cancer
- Incidence rate for colorectal cancer
- Potential years of life lost due to suicide
- Potential years of life lost due to unintentional injury
- Incidence rate for invasive meningococcal disease
- Incidence rate for measles
- Incidence rate for tuberculosis
- Incidence rate for Verotoxigenic E. Coli
- Incidence rate for chlamydia
- Rate of newly reported HIV cases
- Rate of exposure to second hand tobacco smoke
- Prevalence of depression

Appendix 3: Health indicators: no ability to report

Due to data availability and reliability, Yukon is unable to report on the following indicators. However, as a member of the Advisory Committee on Accountability and Governance and the Performance Reporting Technical Working Group, Yukon is actively participating in the identification and development of health and health system indicators.

Primary care

- Difficulty obtaining routine or on-going health services*
- Difficulty obtaining health information or advice*
- Difficulty obtaining immediate care*
- Proportion of population that reports having a regular family doctor
- Patient perceived satisfaction of telephone health line or tele-health services*
- Patient perceived quality of telephone health line or tele-health services
- Proportion of population reporting contact with telephone health line

Other programs and services

- Wait times for cardiac by-pass surgery
- Wait times for hip-replacement surgery
- Wait times for knee replacement surgery
- Self-reported wait times for surgery
- Self-reported wait times for specialist physician visits
- Re-admission rate for acute myocardial infarction (AMI)
- 365-day net survival rate for acute myocardial infarction (AMI) mortality rate
- 180-day net survival rate for stroke

Catastrophic drug coverage and pharmaceutical management

- Prescription drug spending as a percentage of income*

*This indicator was to have been featured within the published report.

Diagnostic and medical equipment

- Wait times for radiation therapy for prostate cancer
- Wait times for radiation therapy for breast cancer
- Self-reported wait times for diagnostic services*

Health of Canadians

- Life expectancy by income
- Health adjusted life expectancy (HALE)*
- Five-year relative survival rate for lung cancer
- Five-year relative survival rate for prostate cancer
- Five-year relative survival rate for breast cancer
- Five-year relative survival rate for colorectal cancer

*This indicator was to have been featured within the published report.

Endnotes

[1] The Canadian Community Health Survey excludes persons living on First Nation Reserves and Crown lands, residents of institutions, full-time members of Canadian Armed forces, and residents of certain remote regions from the survey sample. Data on ambulatory care sensitive conditions and diabetes come from administrative databases. Technical information on all the indicators contained within this report can be found at www.cihi.ca/comparable-indicators.

[2] Wherever possible and appropriate, statistical tests were conducted to provide confidence that the statistic represents the identified population.

[3] When analyzing data, Statistics Canada advises that comparisons between Yukon and Canada may not identify all significant differences since the Yukon sample is part of the Canadian sample. However, the Yukon sample is such a small portion of the overall Canadian sample that it is unlikely to sway the overall Canadian results in most cases.

[4] Where possible, we have provided confidence intervals (the vertical "I" imposed over the columns) to guide analysis and comparisons made in this report. Confidence intervals are a measure of the precision of a statistic. If a large number of samples were drawn from the population and a confidence interval for each sample is constructed, then 95% of the intervals would contain the true population parameter. A statistic with a large confidence interval is less precise than a statistic with a smaller confidence interval.

[5] Many of the statistics in this report are represented as age-standardized rates. Age-standardization eliminates the impact of differing age distributions, either over time, or between regions. This enables comparisons to be made regardless of spatial or temporal differences in age distribution. The diabetes data are both age and sex standardized; differences in both age and sex distribution are therefore controlled.

[6] Though a significant difference between these rates was found, caution should be used when interpreting these data as differences may be due to the impact of the mode of data collection.

[7] In 2001-2002, the only year for which significance testing is available, a significant difference was found. A re-abstraction study designed to examine the consistency of coding for this indicator yielded a 10.8% national discrepancy rate overall. The discrepancy rate reported here represents an overall average and cannot be directly attributed to individual facilities, provinces or territories. This means that while the overall rate includes results from a number of jurisdictions, the rate for a particular subgroup of the population (e.g. a specific region or jurisdiction) may differ to some degree from the overall rate and therefore caution should be used when making comparisons across subgroups.

[8] Whitehorse General Hospital made the transition from ICD-9 to ICD-10 coding on April 1, 2001. This change in coding should be considered when comparing 2001-2002 data to previous years.

[9] This difference is statistically significant.

[10] Disclosure of Limitations for Prevalence of Diabetes
a) Three types of diabetes are included in the database: Type I, Type II, and gestational diabetes;
b) A baseline error rate of 20 to 25% exists in the published (1999/2000) data;
c) This level of error is accepted by Health Canada and by those national experts identified by Health Canada;
d) Since 1997-98, these data have been accumulating false positives. For the data published here this may not have a significant impact. Health Canada plans to work to reduce these errors so that by the time they publish the 2001-02 data, this accumulation will not become significant; and
e) This baseline error rate is likely to vary by age and sex groups.

[11] Use caution when interpreting these data due to reliability.

[12] Individuals who are pregnant and persons measuring less than 914 centimetres (3 feet) or more than 210.8 centimetres (6 feet 11 inches) in height are excluded.

Report to Yukoners on comparable health and health system indicators 2004
is also available on internet at www.hss.gov.yk.ca.
If you have any questions or comments about this report, or would like additional copies, contact:

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November 2004

Yukon
Health and Social Services